

MARYLAND OFFICE OF HOME ENERGY PROGRAMS

I permit, _____ who is my _____ (Relationship to Applicant), to act as my proxy in requesting energy assistance under the Maryland Office of Home Energy Programs. I also grant access to all information needed to prove my income and the right to make a declaration of income for me.

Proxy Address _____

Telephone Number _____

I cannot apply in person because: _____

NOTE: Proxy must be 18 years of age or older.

APPLICANT:

PROXY:

Signature Date

Signature Date

WITNESSES:

Signature Date

Signature Date